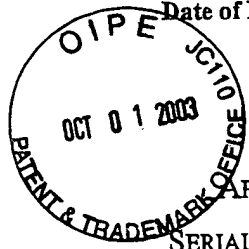


Express Mail Label No.: EV 31270368705

Date of Deposit: October 1, 2003

Attorney Docket No. 26448-510



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Egan et al.

SERIAL NUMBER : 09/905,188

FILING DATE : July 13, 2001

EXAMINER : Cybille Delacroix-Muirheid

ART UNIT : 1614


FOR : METHODS FOR TREATING FIBROTIC DISEASES OR OTHER INDICATIONS IC

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

STATEMENT OF INVENTOR TO BE ADDED IN CONNECTION WITH
PETITION FOR CORRECTION OF INVENTORSHIP

Pursuant to 37 C.F.R. §1.48(a)(2) the undersigned hereby states that the error in naming the inventors in the above-referenced application occurred without deceptive intention.

Respectfully submitted,



Inventor's Signature

8/28/2003
Date

Full Name of Inventor: Sheng Ding Fang

Citizenship: United States

Residence: 28 Barker Street, Apt. G2, Mount Kisco, NY 10549

Post Office Address: Same

Express Mail Label No.: EV 312713687 US

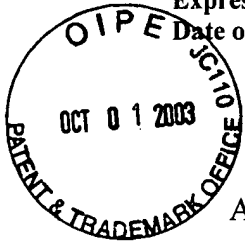
Date of Deposit: October 1, 2003

Attorney Docket No. 26448-51

TECHCENTER 1600/2900

OCT 10 2003

RECEIVED



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Egan et al.

SERIAL NUMBER : 09/905,188

EXAMINER : Cybille Delacroix-Muirheid

FILING DATE : July 13, 2001

ART UNIT : 1614

FOR : METHODS FOR TREATING FIBROTIC DISEASES OR OTHER INDICATIONS IC

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

**WRITTEN CONSENT OF ASSIGNEE TO CORRECTION OF
INVENTORSHIP**

Pursuant to 37 C.F.R. §1.48(a)(5), the undersigned, on behalf of Alteon Inc., the assignee of this application, hereby consents to the correction of the inventorship in the above-referenced application. The undersigned hereby states that he or she is an official empowered to act on behalf of the assignee.

Respectfully submitted,

NAME: Kenneth I. Moch
TITLE: President and CEO
COMPANY: Alteon Inc.

9/25/03
Date

MMDM 387 (600 pads of 10 pages) 4-02

Birth-Death



PUNE MUNICIPAL CORPORATION

MEDICAL CERTIFICATION OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births.)

FORM NO. 4A (See Rule 7)

To be sent to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri / Smt. / Kum. DILIP RAGHUNATH WAGLE
 son / wife / daughter of Raghunath Mangesh Wagle resident of 67 Ptabhaskali Apts, Anil Park
Janalstop, Katurve Road Pune 411004
 was under my treatment from _____ to _____ and he / she died on 28/7/2003 at 4.30 A.M./P.M.

NAME OF DECEASED <u>DILIP Raghunath Wagle</u>						
Sex		Age at Death				For use of Statistical Office
		If 1 year or more, age in Years	If less than 1 year, age in Months	If less than 1 month, age in Days	If less than 1 day, age in Hours	
M	F	_____	_____	_____	_____	
CAUSE OF DEATH						Interval between on set & death approx.
1. Immediate cause :		(a) Due to (or as a consequences of)				
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.		<u>Cardio-respiratory arrest</u>				<u>20 minutes</u>
Antecedent cause :		(b) Due to (or as a consequences of)				
Morbidity conditions, if any giving rise to the above cause, stating underlying conditions last.		<u>Cerebello-Pontine Atrophy</u>				
2. Other significant conditions contributing to the death but not related to the disease or conditions causing it.		(c) <u>Diabetes Hypertension</u>				

If deceased was a female, was the death associated with pregnancy ? 1. Yes 2. No
 If Yes, was there a delivery ? 1. Yes 2. No

R. Kulkarni
Dr. Rajeev Kulkarni
 Reg. No-10500

Name and Signature of the Medical Attendant certifying the cause of death

Shriram Apts, 1244/B Apte Road
 Pune-4, Tel: 5531578

Date of verification 28/7/03

SEE REVERSE FOR INSTRUCTIONS

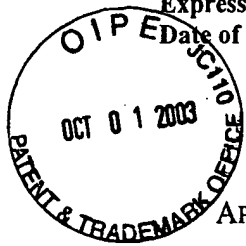
(To be detached and handed over to the relative of the deceased.)

Certified that Shri / Smt. / Kum. _____ son / wife / daughter of
 Shri _____ B/O _____ was under my treatment
 from _____ to _____ and he / she expired on _____ at _____ A.M./P.M.

Doctor

Medical Superintendent :

Name of the Hospital :



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Egan et al.

SERIAL NUMBER : 09/905,188

EXAMINER : Cybille Delacroix-Muirheid

FILING DATE : July 13, 2001

ART UNIT : 1614

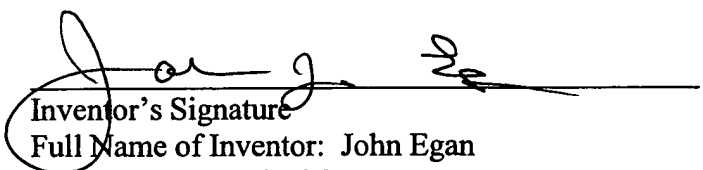
FOR : METHODS FOR TREATING FIBROTIC DISEASES OR OTHER INDICATIONS IC

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

STATEMENT OF INVENTORS IN CONNECTION WITH PETITION FOR
CORRECTION OF INVENTORSHIP

Pursuant to 37 C.F.R. §1.48(a)(2) the undersigned hereby states that the error in naming the inventors in the above-referenced application occurred without deceptive intention.

Respectfully submitted,


Inventor's Signature

Full Name of Inventor: John Egan

Citizenship: United States

Residence: 169 E. 69th Street, Apt. 6D, New York, NY 10021

Post Office Address: Same

9/03/03
Date


Inventor's Signature

Full Name of Inventor: Martin Gall

Citizenship: United States

Residence: 21 Knollwood Drive, Morristown, NJ 07960

Post Office Address: Same

8/22/03
Date

Sara Vasani

Inventor's Signature

8/22/03
Date

Full Name of Inventor: Sara Vasani

Citizenship: United States

Residence: 150 E. 30th Street, Apt. 2E, New York, NY 10016

Post Office Address: Same

Dilip Wagle

Legal Representative of Inventor's Signature

09/17/2003
Date

Full Name of Legal Representative: PRAMOD WAGLE

Citizenship: INDIAN

Residence:

Post Office Address: Same

The above signed is the Legal Representative of Deceased Inventor Dilip Wagle under 37 CFR §1.42

Full Name of Inventor: Dilip Wagle

Citizenship: United States

Residence: 6 Prabashali Apts., Anil Park
Nal stop, Karve Road, Erandwane,
Pune 411 004, India

Post Office Address: Same

10-02-03

GAU-1614

Express Mail Label No.: EV 512713687 US

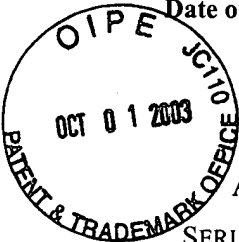
Date of Deposit: October 1, 2003

Attorney Docket No. 26448-5

TECH CENTER 1600/2900

OCT 10 2003

RECEIVED



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Egan et al.

SERIAL NUMBER : 09/905,188

FILING DATE : July 13, 2001

EXAMINER : Cybille Delacroix-Muirheid

ART UNIT : 1614

FOR : METHODS FOR TREATING FIBROTIC DISEASES OR OTHER INDICATIONS IC

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

1. Petition for Correction of Inventorship (1 pg.);
2. Statement of Inventor to be Added in Connection with Petition for Correction of Inventorship (1 pg.);
3. Statement of Inventors in Connection with Petition for Correction of Inventorship (2 pgs.)
4. Written Consent of Assignee to Correction of Inventorship (1 pg.);
5. Executed Combined Declaration and Power of Attorney (2 counterparts, 8 pgs. total);
6. Medical Certification of Cause of Death for Dilip Wagle (1 pg.);
7. Check No. 17308 in the amount of \$130.00; and
8. Return postcard.

The Commissioner is authorized to charge any additional fees that may be due, or to credit any overpayment, to the undersigned's account, Deposit Account No. 50-0311, Ref. No. 26448-510. A duplicate copy of this transmittal letter is enclosed herewith.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at 617-542-6000, Boston, Massachusetts.

Respectfully submitted,

 Reg No. 50,572
Ivor R. Elrifi, Reg. No. 39,529
Attorney for Applicants

MINTZ, LEVIN, COHN, FERRIS,
GLOVSKY and POPEO, P.C.
One Financial Center
Boston, Massachusetts 02111
Tel: (617) 542-6000
Fax: (617) 542-2241
Customer No.: 30623

Dated: October 1, 2003